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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI

DIVISION

FILED
AUG 30 2019
U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

Thomas Fleeman)

#1027064)

(Enter above the full name of the
Plaintiff in this action. Include prison
registration number.))

v.)

Corizon)

Andrea Crader RN)

Dr. Ruanne Stamps M.D.)

In what capacity are you suing the
defendants?

- ☐ Official
☐ Individual
☒ Both

(Enter above the full name of ALL Defend-
ant(s) in this action. Fed. R. Civ. P. 10(a)
requires that the caption of the complaint
include the names of all the parties. Merely
listing one party and "et al." is insufficient.
Please attach additional sheets if necessary.)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT:

Moberly Correctional Center

II. PREVIOUS CIVIL ACTIONS:

- A. Have you brought any other civil actions in state or federal court dealing with the
same facts involved in this action or otherwise relating to your confinement?

YES []

NO [x]

- B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff: _____

Defendant(s): _____

2. Court where filed: _____

3. Docket or case number: _____

4. Name of Judge: _____

5. Basic claim made: _____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?): _____

III. GRIEVANCE PROCEDURES:

- A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES [X] NO []

- B. Have you presented this grievance system the facts which are at issue in this complaint?

YES [X] NO []

C. If your answer to "B" is YES, what steps did you take: Health Services
Request, Informal Resolution Request, Grievance,
and Grievance Appeal.

D. If your answer to "B" is NO, explain why you have not used the grievance system:

IV. PARTIES TO THIS ACTION:

A. Plaintiff

1. Name of Plaintiff: Thomas Fleeman
2. Plaintiff's address: 5201 S. Morley
3. Registration number: 1027064

B. Defendant(s)

1. Name of Defendant: Corizon
2. Defendant's address: 5201 S. Morley
3. Defendant's employer and job title: _____
4. Additional Defendant(s) and address(es): Andrea Crader RN,
5201 S. Morley; Dr. Ruanne Stamps M.D.,
5201 S. Morley.

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES [] NO [X]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [] NO []

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

D. If your answer to "B" is NO, explain why you have not made such efforts:

E. Have you previously been represented by counsel in a civil action in this Court?

YES [] NO [X]

F. If your answer to "E" is YES, state the attorney's name and address:

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

1. I filed IRR #: MCC-18-1145 seeking treatment for Hep-C

and was denied treatment by Andrea Carder RN; this was

filed on 09-28-2018. I filed Grievance #: MCC-18-1145 on

11-01-2018 once again seeking Treatment for my Hep-C

and was denied by Dr. Ruanne Stamps M.D. On 11-30-2018

I filed Grievance Appeal #: MCC-18-1145 and was denied

Hep-C treatment by T. Bredeman, D.O. Assoc. Regional

Medical Director (Corizon's Regional Director).

2. See: Legions v. Minnesota Dep't of Corrections,

U.S.D.C. (D. MN), Case No. 0:15-cv-02210-PJS-BRT.

3. I am seeking direct-acting antiviral (DAA) drugs.

They have a 90% plus cure rate and cost between \$26,000

and \$100,000.

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a state prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

Treat my Hep-C with DAA drugs.

Terminate Corizons contract with the Missouri Dept. of
Corrections. Revoke medical licences from defendants.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

Attorney fees, filing fees, and punitive damages.(undue pain).

Plaintiff seeks \$500,000.00

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [X] NO []

Signature of attorney or pro se Plaintiff

Date